

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551004

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
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12		0		1		
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39		0		1		
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41		0		1		
42		0		1		
43		0		1		
44	1	0	1			
45	1		1			
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
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98						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	13	←		←	
TOTAL CLAIMS		48		51		

PTO-1360 (REV. 11/04)

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